

CHILD FOSTER CARE LICENSING CHECKLIST

Use of form: Completion of this form is the responsibility of the foster home license applicant. Refer to Ch. HFS 56 "Foster Home Care for Children" booklet as you answer each question. Check "EX" to denote that you are requesting an exception. Further explanation can be found in "Request for Exceptions" on page 9.

Name - Applicant (Last, First, MI)	Today's Date (mm/dd/yyyy)
Address - Applicant (Street, City, State, Zip Code)	Licensing Type <input type="checkbox"/> Original Licensing <input type="checkbox"/> Relicensing

☐ Yes ☐ No Are you currently licensed by or applying for a license with any other agency?
If "Yes", provide agency name and indicate type of license.

WR* EX Yes No

56.04 APPLYING FOR A LICENSE

56.04 (2) License Prohibition

☐ ☐ I understand that being licensed does not entitle me to placements.

☐ ☐ I am not employed by the licensing agency in the child welfare or juvenile justice program area.

56.04 (3) Reapplication Following Denial or Revocation

☐ ☐ I have not had a foster home license denied, revoked, or not renewed by any agency within the last two years.

56.04 (4) Documents Required Prior to Licensing

☐ ☐ I have completed and signed an application for foster home licensing or relicensing. (4)(a)1, (b)1.

☐ * ☐ I have homeowner's or renter's liability insurance coverage. *[A waiver can be requested in accordance with s. HFS 56.05(5).] (4)(a)2.

Company: _____

Liability amount: \$ _____

Verified by licensor (initialed): _____

Date (mm/dd/yyyy): _____

☐ ☐ I have vehicle liability insurance coverage. (4)(a)2.

Company: _____

Liability amount: \$ _____

Verified by licensor (initialed): _____

Date (mm/dd/yyyy): _____

☐ ☐ I agree that I will notify the licensing agency of any changes in my coverage in the above policies. (4)(a)2.

☐ ☐ I have provided or will provide health examination documentation for all household members in accordance with s. HFS 56.05(1)(e) and as required by the licensing agency. (4)(a)3.

☐ ☐ I have provided or will provide favorable references from at least three nonrelatives indicating how long they have known me and under what circumstances. (4)(a)4.

☐ ☐ I have provided or will provide documentation of fire safety inspection if required by the licensing agency. (4)(a)5.

WR* **EX** **Yes** **No**

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have provided or will provide a private water supply test report if required by the licensing agency. (4)(a)6. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have provided or will provide my employment history, including all employment over the past five years or as requested by the licensing agency and the length of time for each employment. (4)(a)7. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have notified or will notify the agency of any previous licensure as a foster parent or any other type of caregiver for children, the name of the agency, and the time period during which the license was held. (4)(a)8. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have received the following information from the agency as indicated by my signature on this form: <ul style="list-style-type: none">a. Foster care rate structure, reimbursement and clothing allowance brochure.b. Foster parent insurance brochure including information on how to file a claim.c. Notice that the licensing agency will contact the Wisconsin Department of Justice, similar agencies in another state, federal or local law enforcement, social service agencies, or any public or private agency to determine if there is any reason specified under s. 48.685, Stats., Ch. HFS 12, s. HFS 56.05(1)(a)3., or any other part of Ch. HFS 56 for me not to be granted a license. (4)(a)9 a.-c. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I agree to notify the licensing agency and submit a completed and signed application form / other required materials regarding: <ul style="list-style-type: none">a. Plans to change residence.b. Changing condition(s) of the license.c. A change in marital status (30 days prior notice).d. The departure of a household member (within ten days after departure).e. Someone entering household (at least 30 days prior if known, or otherwise as soon as possible). (4)(c). |

56.04 (7) Effective Period of a License

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I understand that a foster home license shall be effective for a period not to exceed two years and may be renewed upon successful completion of relicensing requirements. |
|--------------------------|--------------------------|--------------------------|--|

56.04 (8) Notification of Application for or Issuance of Additional Licenses

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I will notify the agency if I apply for or receive any other license. (8). |
|--------------------------|--------------------------|--------------------------|--|

56.04 - COMMENTS / NOTES

WR* EX Yes No**56.05 LICENSEE QUALIFICATIONS****56.05 (1) Personal Requirements and Background**

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have read and understand the general qualification requirements listed in 56.05 (1)(a) 1.-3. and (b) 1.-15. and do not believe that any of these requirements disqualify me from licensure. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I do not abuse alcohol or other drugs. (1)(a). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I do not have a history of law violations which substantially relate to caring for children or operating a foster home. (1)(a). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I am or will become familiar with the content of this rule and will comply with those requirements. (c)1. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I will accept foster children only in conformity with conditions specified on the license and with agency approval. (1)(c)2. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I will cooperate with the agency and keep the agency informed of each child's progress and problems. (1)(c)3. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I will immediately notify the licensing agency of any change in my work schedule outside of the home and of any impact this will have on my ability to provide foster care. (1)(c)4. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I will immediately notify the supervising and licensing agencies of the following: <ul style="list-style-type: none"> a. The death of a foster child. b. Any life threatening or serious illness or injury requiring medical treatment for the foster child. c. The unauthorized absence of the foster child from the home for eight hours or any period of time that cannot be reasonably justified by the child's age, maturity or mental and emotional capacity. d. Any similar crisis related to a foster child. (1)(c)5. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I will immediately notify the supervising agency if I have reasonable cause to believe a foster child, whether or not placed in my home, has been abused or neglected, has been threatened with abuse or neglect, or is likely to be abused or neglected. (1)(c)6. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I will cooperate with the supervising agency to maintain relationships between foster children and their families and with the agency's efforts to implement plans for care, treatment, and permanent living arrangements. (1)(c)7. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Except for an emergency situation, I will allow the agency up to 30 days to find an alternative placement for a child in my home that I ask to be removed. (1)(c)8. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I will maintain all personal information about foster children and their families in confidence. (1)(c)9. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I am at least 21 years of age (except that a person aged 18-20 may be licensed to care for a relative). (1)(d). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I will immediately notify the licensing agency of any arrests or convictions, any allegations or determinations or investigations of maltreatment of a child under s. 48.981, Stats., relating to me or any member of my household. (1)(f)3. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have read, understand and agree to s. HFS 56.05(1)(f) background record requirements and have signed the appropriate authorization form. |
- 56.05 (2) Finances**
- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have a stable income sufficient to meet family obligations and have provided or will provide verification as requested. |
|--------------------------|--------------------------|--------------------------|---|

56.05 - COMMENTS / NOTES

WR* **EX** **Yes** **No**

56.06 RESPITE CARE PROVIDER QUALIFICATIONS

☐ ☐ ☐

I understand the qualifications and requirements for respite care providers.

56.06 - COMMENTS / NOTES

WR* **EX** **Yes** **No**

56.07 PHYSICAL ENVIRONMENT

56.07 (1) General Requirements

☐ ☐ ☐

My home and any other building on the property are safe and in good repair. I agree to comply with any inspections of the home that the agency may request (e.g., fire, health, safety).

56.07 (2) Interior Living Area

☐ ☐ ☐

My home has a minimum of 200 sq. ft. of living area per household member, including foster children (for all applicants initially licensed after 9-1-90).

56.07 (3) Bath and Toilet Facilities

☐ ☐ ☐

My home has one complete bathroom for every eight household members, including foster children, and meets all other conditions as outlined in 56.07(3) (for all applicants initially licensed after 9-1-90).

WR* EX Yes No**56.07 (4) Sleeping Arrangements**

- | | | | | |
|--------------------------|--------------------------|--------------------------|------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Each foster child will be provided with a separate bed, except that two brothers or two sisters under age 12 may share a double bed. (4)(a)1. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> DNA | Crib slats are secure and spaced no more than 2-3/8 inches apart and mattress fits snugly. (4)(a)2. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | The beds are large enough for a child to be comfortable, provide adequate support, have a clean and comfortable mattress and have adequate blankets. (4)(a)3. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | There is a minimum of two feet between beds (or five feet between bunk beds). (4)(a)4. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> DNA | For a bunk bed, there is a minimum of three feet between the top of the mattress and the ceiling, light fixture, or other protruding fixture. (4)(a)5. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | I will not allow a foster child under four years of age or with a disability to sleep on the top bunk of a bunk bed. (4)(a)6. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | I will provide a safety rail for the top bunk if occupied by a child under eight years of age. (4)(a)7. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Child, age one or older, will not regularly share a bedroom with an adult. (4)(b). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Child, age six or older, will not regularly share a bedroom with another child of opposite sex. (4)(c). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Bedrooms have minimum of 40 sq. ft. of floor space per child (or 35 sq. ft. if initially licensed prior to 9-1-90). (4)(d). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Each foster child and household member will sleep in a finished bedroom according to s. HFS 56.07(4)(e). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Any foster child under the age of seven or with limited mobility will not sleep in a bedroom in a basement or above the second floor, (4)(f); child age seven or older may, but only in compliance with 56.07(4)(g). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Foster parent or responsible care provider will sleep within call of the foster children. (4)(h). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Each bedroom for a foster child has a door and has a window for adequate light, and is adequately ventilated. (4)(i). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | A sleeping room which someone must pass through to get to another part of the building will not be used for a foster child. (4)(j). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | A foster child will not sleep in a room to which access can be gained only through another occupied sleeping room. (4)(k). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | No more than four children will occupy one bedroom. (4)(L). |

56.07 (5) Telephone

- | | | | | |
|--------------------------|--------------------------|--------------------------|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | I have a telephone (non-coin-operated) in working order, emergency numbers are posted near it, and I agree to notify the agency of changed number by end of next working day. |
|--------------------------|--------------------------|--------------------------|--|---|

56.07 (6) Heating

- | | | | | |
|--------------------------|--------------------------|--------------------------|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | I have a heating system in the home that is in compliance with s. HFS 56.07(6). |
|--------------------------|--------------------------|--------------------------|--|---|

56.07 (7) Storage

- | | | | | |
|--------------------------|--------------------------|--------------------------|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | I have sufficient drawer and closet space for foster child's belongings. |
|--------------------------|--------------------------|--------------------------|--|--|

56.07 (8) Outdoor Recreation and Play Space

- | | | | | |
|--------------------------|--------------------------|--------------------------|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | There is access to outdoor recreation and play space. (8)(a). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | There is no need for a fence around a play area on my property. (8)(b). |

<u>WR*</u>	<u>EX</u>	<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		56.07 (8) Any outdoor porch on a first floor higher than four feet or on the second floor has a railing. (8)(c).
				56.07 (9) <u>Maintenance and Repair</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		My home and property are maintained in a safe manner.
				56.07 (10) <u>Sanitation</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		The foster home and environs will be maintained in a clean and sanitary condition. (10)(a).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Windows used for ventilation are screened. (10)(b).

56.07 - COMMENTS / NOTES

<u>WR*</u>	<u>EX</u>	<u>Yes</u>	<u>No</u>	
				56.08 SAFETY
				56.08 (1) <u>General Requirements</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I have the following items out of children's reach or locked up:
				<input type="checkbox"/> Flammable or combustible materials
				<input type="checkbox"/> Plastic bags
				<input type="checkbox"/> Cleaning supplies, poisons and insecticides
				<input type="checkbox"/> Medications / drugs / alcohol
				<input type="checkbox"/> Matches, cigarette lighters, tobacco products
				<input type="checkbox"/> Power tools - (1)(a).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I will make every reasonable effort to identify and immediately correct any hazards to the safety of the foster children. (1)(b).
				56.08 (2) <u>Electricity</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		My electrical systems and appliances are in good repair.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I will maintain protective covers on all electrical outlets not in use (when licensed for children under seven years of age).
				56.08 (3) <u>Household Pets</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		All household pets will be vaccinated for rabies and other diseases as required by local ordinances. (3)(a).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I will not keep a vicious or infected animal on the premises. (3)(b).

56.08 (4) Transportation

☐ ☐ ☐ Any person transporting foster children on my behalf for any purpose will have a valid driver's license.
(4)(a).

☐ ☐ ☐ All children under four years of age will be transported in an approved child safety restraint (car seat). (4)(b). Children four years of age or older will be restrained either by an approved safety restraint or seat belt. (4)(c).

56.08 (5) Firearms and Other Weapons

☐ ☐ ☐ I agree to keep all firearms or other dangerous weapons in the home unloaded and locked in an area inaccessible to foster children, except as provided in 56.08(5)(d) regarding law enforcement officers. (5)(a), (b) and (c).

☐ ☐ ☐ I have read, understand and will comply with 56.08(5)(c) regarding a foster child's use of firearms or bows.

56.08 (6) Hazardous Machinery and Equipment

☐ ☐ ☐ I agree that no child under 14 years of age will operate any hazardous machine. (6)(a). For those aged 14 or older, I am aware that a written agreement is required as stated in s. HFS 56.08(6)(b).

☐ ☐ ☐ I will comply with the safety guidelines regarding the use of hazardous machines / equipment by a foster child as outlined in s. HFS 56.08(6)(c) 1.-4.

☐ ☐ ☐ I understand that the agency may require training specific to my home environment; e.g., farm.
(6)(c)4.b.

☐ ☐ ☐ The foster children will wear clothing and safety gear appropriate to the operation of hazardous machinery or equipment. (6)(c)5.

56.08 (7) Fire Protection

☐ ☐ ☐ My home has one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors at the head of every stairway, on each floor, and in each sleeping room.
(7)(a).

☐ ☐ ☐ I will check the operating condition of each smoke detector at least once a month and immediately repair / replace it if not operative. (7)(b).

☐ ☐ ☐ I have and know how to operate a fire extinguisher. (7)(c).

56.08 (8) Fire Safety Evaluation Plan

☐ ☐ ☐ I have developed a written fire safety evacuation plan which includes:

- ☐ The means for emergency exit from all levels of the home.
- ☐ The place away from the home where we will meet to determine that members of the home are out of danger. (8)(a).

☐ ☐ ☐ I will review the plan with all members of the home at least once every three months and immediately following placement of a new child. (8)(b)1.

☐ ☐ ☐ The fire safety evacuation plan will be posted in the home and made known to all household members.
Location(s): _____ . (8)(b)2.

☐ ☐ ☐ The plan shall be reviewed with the licensing agency at least once every two years and revised if necessary.

(Last review date - _____.) (8)(c).
(mm/dd/yyyy)

Licenser initials

WR* EX Yes No56.08 (9) Fire Safety Inspections

☐ ☐ ☐ I will arrange for a fire safety inspection, if required by the agency, in accordance with s. HFS 56.06(9).

56.08 (10) Reporting Fires

☐ ☐ ☐ I will report any fire in the home or on the premises which requires the assistance of a fire department to the licensing agency no later than the end of the next working day.

56.08 (11) Safety of Infants and Children with Disabilities

☐ ☐ ☐ I have taken into consideration the safety of infants and children with disabilities (when applicable).

☐ ☐ ☐ I am aware that additional conditions may be imposed in accordance with 56.08(11).

56.08 (12) Stairways

☐ ☐ ☐ Each stairway in the home has a handrail.

56.08 - COMMENTS / NOTES**WR* EX Yes No****56.09 CARE OF FOSTER CHILDREN**56.09 (1) Principles for Nurturing Care

☐ ☐ ☐ I will provide humane and nurturing care to each child placed in the home. I have read, understand and agree with s. HFS 56.09(1)(a)-(n), describing such care.

56.09 (2) Supervision of Children

☐ ☐ ☐ I will not combine the care of foster children with regular part-time care of nonrelated children or adults, conduct other business or provide services in the home without the written approval of the licensing agency. Approval may be granted in accordance with 56.09(2)(a).

☐ ☐ ☐ There will be one parent home full-time, year-round. (An exception to this must be granted in writing by the licensing agency in accordance with 56.09(2)(b)).

(Note: Foster parents would be expected to notify the licensing agency of any plans to change employment that would require written approval as discussed above.)

☐ ☐ ☐ I agree to use only licensed or certified providers for any out-of-home day care for foster children. (2)(c).

☐ ☐ ☐ Children under ten years of age will not be left without supervision by a responsible care provider. (2)(d).

<u>WR*</u>	<u>EX</u>	<u>Yes</u>	<u>No</u>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children ten years of age and older shall receive supervision appropriate to their age and maturity level. (2)(e).
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I agree to secure approval of the supervising agency before taking a foster child out of the state or before making plans for the care of a foster child by any other person in or away from the home for more than 48 hours. (2)(f) and (g).
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will not regularly provide care for more than two children under two years of age. (2)(h).
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The combined total of foster children, my own children and other children and nonrelated adults receiving care in the home does not or will not exceed eight. (2)(i).
56.09 (3) <u>Household Chores</u>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I agree that any assignments of household chores will be in accordance with s. HFS 56.09(3)(a) and (b).
56.09 (4) <u>Health of Foster Children</u>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Within 30 days after placement of a foster child, I will arrange for a dental exam, medical exam and reproductive health needs assessment in accordance with the schedule of the HealthCheck Program. (4)(a).
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I understand that all foster children shall receive medical and dental care under the HealthCheck Program unless they have private insurance that covers services. (4)(b).
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will notify the supervising agency as soon as possible of any serious illness or injury requiring medical treatment of a foster child. (4)(c).
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will ensure that each foster child will promptly receive appropriate and adequate medical care. (4)(d).
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will ensure that any foster child will receive dental care in accordance with their age. (4)(e).
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I understand that I may not purchase tobacco products for a foster child or use them as part of a treatment or behavior modification program. (4)(f).
56.09 (5) <u>Discipline</u>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I understand that any disciplinary action that I, or any other person serving as a substitute caregiver, take shall be aimed at encouraging foster children to understand what is appropriate social behavior and shall be appropriate to the child's age and understanding. (5)(a) and (b).
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I understand the following rules and restrictions regarding discipline: <ul style="list-style-type: none"> a. Physical punishment (physical discipline, spanking, hitting, pinching, shaking, etc.) is prohibited. (5)(c). b. A foster child shall not be subjected to verbal abuse, profanity, derogatory remarks about him / herself, his / her family or threats to expel the child from the home. (5)(d). c. No other child or any other person not responsible for providing care shall be permitted to discipline a foster child. (5)(e). d. No foster child may be deprived of meals, mail or family visits as a form of punishment. (5)(f). e. No foster child may be punished or ridiculed for bedwetting or other lapses in toilet training. (5)(g). f. No foster child may be mechanically restrained or locked in any enclosure, room, closet, or other part of the house or elsewhere on the premises for any reason. (5)(h). g. No foster child may be restricted to an unlocked room or area of the home except as provided in s. HFS 56.09(5)(i) 1.-3.

<u>WR*</u>	<u>EX</u>	<u>Yes</u>	<u>No</u>	
				56.09 <u>(6) Clothing</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I agree to appropriately use the funds for clothing for foster children, provide comfortable and appropriate clothing within the limits of the funds and maintain all clothing in a state of good repair and cleanliness. (6)(a).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I understand that clothing purchased for a foster child, or otherwise given to the child, belongs to the child and shall be given to him or her upon leaving the foster home. (6)(b).
				56.09 <u>(7) Personal Belongings</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I have read and understand the provisions regarding personal belongings under s. HFS 56.09(7).
				56.09 <u>(8) Spending Money</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I agree to provide each foster child with spending money each week in accordance with the child's age and maturity, and in accordance with the child's case plan established by the supervising agency.
				56.09 <u>(9) Nutrition</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I agree to follow the nutritional guidelines established under s. HFS 56.09(9)(a) and (b).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I agree that no foster child will be forced to eat against his or her wishes. (9)(c).
				56.09 <u>(10) Education of Foster Children</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I have read and understand the provisions regarding the education of foster children. (10).
				56.09 <u>(11) Case Records</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I agree to maintain appropriate records for each foster child, including the items listed in s. HFS 56.09(11)(a) 1.-9.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I will give the foster child's record to the child's supervising agency when the child leaves the home. (11)(b).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I will, at the request of the licensing or supervising agency, make the foster child's record available for inspection by that agency. (11)(c).
				56.09 <u>(12) Confidentiality</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I understand and agree that I and other persons in the household having access to confidential information about the foster child and his / her family may not discuss or otherwise disclose that information to anyone while the child is in the foster home or after the child leaves the home, except: (a) to the licensing agency or agency placing the child in the care of the licensee; (b) by order of the court; or (c) as otherwise provided by law.

56.09 - COMMENTS / NOTES

WR* **EX** **Yes** **No**

56.10 HEARING

☐ ☐ ☐ I have read and am aware of my rights regarding (1) Appeal; (2) Request for hearing; and (3) Arrangements for a hearing.

56.11 SUPPLEMENTAL PAYMENTS FOR SPECIAL NEEDS IN EXCEPTIONAL CIRCUMSTANCES OR FOR INITIAL CLOTHING

☐ ☐ ☐ I have read and am aware of this section regarding (1) Coverage; (2) Special need; (3) Schedule of difficulty of care levels; (4) Exceptional payment; and (5) Initial clothing allowance.

56.12 FOSTER PARENT EDUCATION

☐ ☐ ☐ I have read and am aware of this section regarding (1) Statewide mandatory foster parent training; and (2) Licensing agency mandated foster parent training.

I verify that I have answered these questions truthfully and to the best of my knowledge. I am aware that other documentation may be requested to assess my compliance with Ch. HFS 56, Foster Home Care for Children. Furthermore, I understand that giving false information or withholding information shall constitute grounds for denial or revocation of the license pursuant to s. HFS 56.05(1)(a)2.

My signature on this form may be construed to mean that all conditions have been met and that exceptions have been appropriately requested.

SIGNATURE - Applicant

Date Signed

SIGNATURE - Applicant

Date Signed

If someone other than the applicant has assisted in completing this form, sign below.

SIGNATURE

Relationship to Applicant

Date Signed

Reviewed and approved by the licensing agency in the person of:

Name (Print)

Title

SIGNATURE

Date Signed

REQUEST FOR EXCEPTIONS

A licensing agency may grant an exception to any requirements in Ch. HFS 56 except those listed in s. HFS 56.02(2). The agency must determine that the exception will not jeopardize the health, safety or welfare of the foster children. Any exception granted shall be specifically cited on the license and remain in effect no longer than two years from the date on which it was granted, by which time the licensing agency shall determine if there is continued justification for the exception. The licensing agency may impose conditions to be met within a specific period of time by the licensee as an alternative to compliance with any requirement for which an exception has been granted.

An applicant or licensee wishing to request the licensing agency to grant an exception to a requirement in this chapter shall complete the following in order to comply with s. HFS 56.02(2)(a) 2-3. (This section does not cover the request for a waiver of the homeowner's or renter's liability insurance requirement.)

1. List the citation (number) and brief description of the rule - Section A.

Example: 56.08(12)	No handrail on stairs
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2. State the justification for the requested exception and an explanation of any alternative provisions planned to meet the intent of the requirement - Section B.

3. The licensing agency will indicate whether the exception is granted and will include any accompanying conditions - Section C.

A.	56.	Rule:
B.	Explanation	
Signature:		Date Signed:
C.	<input type="checkbox"/> Yes <input type="checkbox"/> No Approved by Licensing Agency	
Conditions		
Signature:		Date Signed:

A.	56.	Rule:
B.	Explanation	
Signature:		Date Signed:
C.	<input type="checkbox"/> Yes <input type="checkbox"/> No Approved by Licensing Agency	
Conditions		
Signature:		Date Signed:

A.	56.	Rule:
B.	Explanation	
	Signature:	Date Signed:
C.	<input type="checkbox"/> Yes <input type="checkbox"/> No Approved by Licensing Agency	
	Conditions	
	Signature:	Date Signed:

A.	56.	Rule:
B.	Explanation	
	Signature:	Date Signed:
C.	<input type="checkbox"/> Yes <input type="checkbox"/> No Approved by Licensing Agency	
	Conditions	
	Signature:	Date Signed:

A.	56.	Rule:
B.	Explanation	
	Signature:	Date Signed:
C.	<input type="checkbox"/> Yes <input type="checkbox"/> No Approved by Licensing Agency	
	Conditions	
	Signature:	Date Signed: